

**OFFICE OF THE STATE ENTOMOLOGIST
IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
WALLACE STATE OFFICE BUILDING, DES MOINES, IA 50319
TELEPHONE: 515-242-6371**

APPLICATION FOR IOWA NURSERY DEALER CERTIFICATE

January 1, 2003 – December 31, 2003

INSTRUCTIONS: Please complete all information requested for each business location and forward with the \$25 fee (per location), payable to Iowa Dept. of Agriculture.

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____

Mailing Address: _____

(if different from business address)

Type of business (check applicable boxes):

- () Year-round nursery sales () Tree Mover () Other (specify) _____
() Seasonal nursery stock sales () Landscape contractor

Must list below the sources from which your nursery stock will be obtained:

Name of Supplier

Address of Supplier

(Continue on back or use additional sheet(s) if more space is needed)

Note: Corporate Offices applying for certificates for several locations, may use one form, listing all business locations and all suppliers of nursery stock to these businesses on an attached sheet(s).

Important: Please read the following; must be signed and dated below.

I hereby apply for a certificate to operate as a dealer in nursery stock in the state of Iowa. I understand and agree to the following responsibilities as a nursery stock dealer:

1. That I grow no nursery stock myself, and that I will obtain only certified stock from sources that have been inspected and approved by a duly authorized inspector of the state where grown.
2. **That I will provide the State Entomologist's Office, in advance and in writing, the name and addresses of all sources from which I obtain nursery stock for my business use.**
3. That as a dealer, I am subject to inspections and the provisions of the Iowa Crop Pest Act (Chap. 177A, Code of Iowa) and related regulations pertaining to maintenance, care and display of stock.
4. That if, I should plant nursery stock on property under my control (such as carry-over stock), my status will change to that a nursery grower, and I must notify the State of this change so arrangements can be made to inspect the stock during the growing season prior to sale or movement of the stock.

Applicant Name: (print or type) _____

Applicant Signature: _____ Date: _____

